

Appendix D – 1st Five Healthy Mental Development Initiative

The purpose of the [1st Five Healthy Mental Development Initiative](#) (1st Five) is to *increase primary care providers' utilization rates of developmental surveillance and standardized developmental screening tools* for children ages birth to 5 years old. Successful applicants will employ effective strategies and maintain relationships with primary care providers practicing within the service delivery area to achieve this goal. Through these efforts, successful applicants support and enhance models of service delivery that promote high quality well-child care, protecting and improving healthy mental development for all children ages birth to five years regardless of income or resources. 1st Five is an evidence-informed initiative, operating based on the results of the [Assuring Better Child Health and Development \(ABCD II\)](#) project and recommendations of the [American Academy of Pediatrics](#). 1st Five has been recognized by the [Association of Maternal and Child Health Programs \(AMCHP\)](#) as a Promising Practice within AMCHP's [Innovation Station](#).

1st Five includes infrastructure development to support [Early Periodic Screening, Diagnosis, and Treatment \(EPSDT\)](#) for the [Medicaid](#) program. Required infrastructure building services, conducted by one 1st Five Site Coordinator in each service delivery area, include:

1. Reach out to primary care practices located within the service delivery area, including clinic staff and primary care providers, to provide education about the 1st Five program, consultation toward the incorporation of standardized developmental surveillance and screening tools into the primary care practice, and information about related early childhood development topics and resources.
2. Build relationships with community partners including health care providers and human service leaders to improve the health care system for children.
3. Convene community partners and provide educational services specific to the 1st Five program and related early childhood and family support issues.

1st Five is a public-private partnership which operates within a four-part model of implementation. The steps in the model may be repeated as needed.

1. The primary care provider performs surveillance or standardized screening for social/emotional development, family stress, and caregiver depression using surveillance and screening tools recommended by the American Academy of Pediatrics and Iowa's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.
2. If a need or risk is identified, the child is linked to the 1st Five Developmental Support Specialist through a one-step referral process.
3. The 1st Five Developmental Support Specialist contacts the caregiver, confirms identified needs, links the child with appropriate intervention services, and follows up with the caregiver regarding connection to services. The 1st Five Developmental Support Specialist monitors the caregiver's progress in

connecting to referral resources and follows up with the primary care provider about the child's status.

1st Five includes developmental support services to connect children to local community resources to address a variety of needs related to healthy development and the social determinants of health including, but not limited to, food, transportation, housing, childcare/preschool, energy assistance, and infant supplies. Developmental support services reduce barriers to follow-through with developmental intervention recommendations. 1st Five developmental support services focus on *children with less intense needs*, for example, those who may only need preventive care; those who are *identified as at-risk or in need of "low-level" interventions*; and to assure that appropriate referrals, interventions, and follow-up will occur. If children or families need more intensive case management, they should be referred to another agency or program (such as Child Health Specialty Clinics) for those services. Developmental support services are short-term in nature (not case management) and include:

1. Receiving referral information about children ages birth to five years from primary care practices located within the 1st Five service delivery area.
2. Contacting the child's caregiver to review and assess identified needs.
3. Providing information about community resources available to address identified needs.
4. Assisting the caregiver with accessing community resources.
5. Following up with the caregiver to assure that connections with community resources were made.
6. Providing feedback to the referring primary care provider regarding follow-up that took place and results.

1st Five staffing requirements include employment of one 1st Five Site Coordinator who spends the time necessary for the service delivery area performing the infrastructure development portion of the work, utilizing the remaining portion of the FTE, if any to provide 1st Five Developmental Support Services. The employment of an adequate number of Developmental Support Specialists to address referrals is also an expectation. Staff in both roles are required to have specific educational and professional background, along with attending training on specified topics within the first six months of employment.

The full program overview for the 1st Five Program can be found at <http://idph.iowa.gov/1stfive>